

EXHIBIT C

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**IOF
FORESTERS**
THE INDEPENDENT ORDER OF FORESTERS

 International Headquarters
 789 Don Mills Road, Don Mills, ON M3C 1T9
 Telephone: (416) 429-3000 Fax: (416) 429-3896
 Toll-free: CAN 1-800-268-6091
 US 1-800-828-1540

US Mailing Address: P.O. Box 179, Buffalo, NY 14201-0179

CLAIMANT'S STATEMENT
PART A

 1. DECEASED MEMBER'S NAME IN FULL MARLIN DONALD COLOREN
 RESIDENCE 1004 SAMUELSON RD ROCKFORD IL 61109
 HOW LONG IN STATE 47 years

 2. CERTIFICATE NO. 4129885 COURT NO. 4301084 STATE IL

 3. DATE OF DEATH 9/5/05 AGE AT DEATH OR DATE OF BIRTH 10/21/41 63

4. IN WHAT CAPACITY DO YOU CLAIM THE PROCEEDS OF THE ABOVE BENEFIT CERTIFICATE?

☒ SOLE BENEFICIARY ☐ ONE OF THE BENEFICIARIES ☐ EXECUTOR ☐ ADMINISTRATOR

 WHAT IS YOUR DATE OF BIRTH 10/20/44

 WHAT IS YOUR SOCIAL SECURITY NO./TAX IDENTIFICATION NO. (I.R.S.) 341-36-1421

THIS INFORMATION SHOULD BE FILLED IN BY THE CLAIMANT AS IT MAY BE REQUIRED FOR THE REPORTING OF ANY TAXABLE INCOME PAID TO THE CLAIMANT. IF THE CLAIMANT HAS NEVER BEEN ASSIGNED A NUMBER INSERT "NO NUMBER". IF THE ESTATE OF THE DECEASED IS THE CLAIMANT, THE DECEASED'S SOCIAL SECURITY NO./TAX IDENT. NO. (I.R.S.) SHOULD BE FILLED IN.

5. NAME AND ADDRESS OF EACH PHYSICIAN WHO ATTENDED OR PRESCRIBED FOR DECEASED DURING PAST TWO YEARS.

6. DO YOU WISH SETTLEMENT IN ONE SUM?

☒ YES - IF PROCEEDS EQUAL \$5,000 OR MORE, AND MEET THE OTHER REQUIREMENTS, THEY WILL BE PLACED IN AN INTEREST BEARING CHECKING ACCOUNT WITH THE STATE STREET BANK. SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL EXPLANATION.

☐ NO - IF NO, PLEASE INDICATE THE TYPE OF SETTLEMENT OPTION DESIRED ON THE REVERSE SIDE OF THIS FORM.

STATE LAW REQUIRES THE IOF TO INCLUDE THE FOLLOWING STATEMENT ON THIS FORM:

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OF OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING MATERIAL FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME".

I CERTIFY THAT THE ABOVE ANSWERS ARE FULL AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY AUTHORIZE ANY PHYSICIAN, HOSPITAL, GOVERNMENT AUTHORITY OR OTHER INSTITUTION TO FURNISH THE INDEPENDENT ORDER OF FORESTERS ALL INFORMATION IN THEIR POSSESSION OR WITHIN THEIR KNOWLEDGE CONCERNING THE DECEASED. THIS AUTHORIZATION OR A PHOTOCOPY THEREOF MAY BE USED TO OBTAIN SUCH INFORMATION.

 DATED AT Rockford IL THIS 10/18/05 DATE

Donna J. Coloren SIGNATURE OF CLAIMANT

SIGNATURE OF WITNESS

204 GOLD RIVER AVE ROCKFORD IL 61102
 ADDRESS OF CLAIMANT STREET CITY STATE ZIP CODE

OF - 41 - A - 3/91 (N.Y., IDAHO, N.J., OHIO)

100350 (08/99)

OF - 41 - A - 3/91 (N.Y., IDAHO, N.J., OHIO)

100350 (08/99)

REQUIRED PAYEE INFORMATION. THIS SECTION MUST ALWAYS BE COMPLETED IN FULL. (Please Print)

- The proceeds are less than \$5,000.00.
- The payee is a Corporation, Trustee or Estate.

OPTION A

☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY

- ☐ The proceeds may be taken in equal annual, semi-annual, quarterly or monthly installments of any amount not less than \$20.00 until such time as the entire proceeds are exhausted.

OPTION B

☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY
FOR ____ YEARS

- ☐ The proceeds may be taken in equal annual, semi-annual, quarterly or monthly installments for a fixed period.

OPTION C

☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY

- ☐ The proceeds are left on deposit during the payee's lifetime with the privilege of withdrawal at any time. Interest as provided will be paid on an annual, semi-annual, quarterly or monthly basis.

OPTION D

☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY

- ☐ The proceeds may be taken in annual, semi-annual, quarterly or monthly installments over a period of ten or twenty years certain and continuously thereafter throughout the lifetime of the payee. The amount available is shown in the table contained in the certificate.

OPTION E

☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ MONTHLY

- ☐ The proceeds will be payable in equal monthly installments during the joint lifetime of the payee and the nominee and during the survivors remaining lifetime.

For more information about your payment options, including our current rates of interest and estimates of the income you can receive, call our Toll-free number 1-800-828-1540.

OF - 41 - A - 3/91 (N.Y., IDAHO, N.J., OHIO)

100850 (08/99)

OF - 41 - A - 3/91 (N.Y., IDAHO, N.J., OHIO)

100350 (08/99)



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